## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where

appropriate. All fu indicated unless co maintenance fee no	orrected below of	ence including the Patent, advance orders and r r directed otherwise in Block 1, by (a) specifyir	notification of maintenance fees will be mailed to the current correspondence address as an ew correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for
CURRENT CORRES	PONDENCE ADDRE	SS (Note: Use Block 1 for any change of address)	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying
22195	7590	08/24/2004	papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**HUMAN GENOME SCIENCES INC** INTELLECTUAL PROPERTY DEPT. 14200 SHADY GROVE ROAD ROCKVILLE, MD 20850



Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

if the date indicated below.	isimitted to the OSF TO (703) 740-4000,
(Depositor's name)	
(Signature)	
(Date)	
	***************************************

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/075,446	02/15/2002	Steven M. Ruben	1488.03600PQ/EKS/PAJ	8759

TITLE OF INVENTION: KERATINOCYTE GROWTH FACTOR-2

APPLN. TYPE	APPLN. TYPE SMALL ENTITY			PUBLICATION FEE	TOTAL FEE(S) [	DUE DATE I	DATE DUE
nonprovisional	nonprovisional NO		.00	\$300	\$ <del>1630</del> - \$1670.	00	11/24/2004
EXA	ART UNIT		CLASS-SUBCLASS 530-399000	]			
SAOUD, C	1647			•			
FR 1.363).  Change of correspon Address form PTO/SB/1  "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth it	or more recent) attached. Use D RESIDENCE DATA TO Be s an assignee is identified by n 37 CFR 3.11. Completion	Correspondence contains form a cof a Customer complete PRINTED ON THE clow, no assignee data of this form is NOT a second complete Complet	1) the na or agents (2) the nai egistered? registered isted, no in PATENT will appsubstitute ESIDENC	nting on the patent front page, limes of up to 3 registered pater OR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed.  If (print or type)  the area on the patent. If an assign for filing an assignment.  The contract of the patent of the patent of the patent of the patent.  The contract of the patent of the	a member a 2es of up to no name is 3eee is identified below	man Genome Sc	
. The following fee(s) are	e assignee category or category enclosed:	4b. Pa	yment of	Fee(s):		rivate group entity	Government
☑ Issue Fee			A check in the amount of the fee(s) is enclosed.				
	small entity discount permitte	·		by credit card. Form PTO-2038			
Advance Order - # of Copies1			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-3425 (enclose an extra copy of this form).				
a. Applicant claims S	s (from status indicated above SMALL ENTITY status. See is requested to apply the Isso Publication Fee (if required) years of the Fee (if required)	s) 37 CFR 1.27.	b. Applic	eant is no longer claiming SMAl ny) or to re-apply any previousl e other than the applicant; a regi	LL ENTITY status.	See 37 CFR 1.27(g)(2).	
iterest as shown by the rec	oras or the office states rate						
Authorized Signature	M/L			Date	920/04		, <u>, -</u>

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandra, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.